PIECEIVED
CENTRAL FAX CENTER

## MORRISON & FOERSTER LLP

Attorneys at Law 425 Market Street San Francisco, California 94105-2482 Telephone: (415) 268-7000 Facsimile: (415) 268-7522

OFFICIAL

To:

NAME:	FACSIMILE:	TELEPHONE:
Mail Stop RCE U.S. Patent and Trademark Office	703-872-9307	703-308-4612

Morrison & Foerster Office:	
Lisa A. Amii, M.D., Palo Alto	

FROM: Lisa A. Amii, M.D.

**DATE:** October 31, 2003

Number of pages with cover page: 5

Preparer of this slip has confirmed that facsimile number given is correct: Kerry Keehan/kck2

## **CAUTION - CONFIDENTIAL**

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

## Comments:

Atty Docket No.: 359872000821 Application No.: 09/069,703 Filing Date: April 29, 1998

Inventor: Gilles H. TAPOLSKY and David W. OSBORNE

Title: PHARMACEUTICAL CARRIER DEVICE SUITABLE FOR DELIVERY OF

PHARMACEUTICAL COMPOUNDS TO MUCOSAL SURFACES.

Documents Filed:

- 1. Request For Continued Examination (RCE) Transmittal (1 page)
- 2. Fee Transmittal (1 page with copy)
- 3. Petition for Extension of Time, Two Months (1 page)

**DUPLICATE COPY** 

FOR FEE PROCESSING

Approved for use through 7/31/2006. GMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number									
EEE TOANGMITTAL		Complete if Known							
FEE TRANSMITTAL		Application Number			09/069,703				
for FY 2004		Filing Date				April 29, 1998			
		First Named Inventor				Gilles H.	Gilles H. TAPOLSKY		
Effective 10/01/2003, Patent faces are subject to ennual revision.  Examiner Name			_	E. Webn	nan				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1617						
TOTAL AMOUNT OF PAYMENT (\$) 1,190.00		Altom	ey Do	ket No	D.	3598720	00821		
METHOD OF PAYMENT (check all that apply)	ī			FEE	CALCU	LATION (co	ATION (continued)		
Check Card Money Other None  X Deposit Account:	3. ADDITIONAL FEES								
Deposit	Larg	e Entity	Small	Entity	_				
Account 03-1952	Fee	Fee (5)	Fee Code	Fee (\$)	=	Fee Des	cription	Fee Paid	
Denosit	1051	130	2051	65	Surcharge	e – late filing fo	e or oath		
Account Name Morrison & Foerster LLP	1052		2052	25	Surcharge	-	onal filing fee or cover		
The Director is authorized to: (check all that apply)					sheet		-	<b> </b>	
X Charge fee(s) Indicated below X Credit any overpayments	1053	130	1053	130	_	sh specificatio		<u> </u>	
X Charge any additional fee(s) or any underpayment of fee(s)	1812	-	1812			request for ex sublication (	parte reaxamination of SIR prior to	$\vdash$	
Charge fee(s) indicated below, except for the filing toe	1804		1804	920*	Examiner		•		
to the above-Identified deposit account.	1805		1805		EXSUMPL	action			
FEE CALCULATION	1251	110	2251 2252	55		for reply withi		420.00	
1. BASIC FILING FEE Large Entity Small Entity	1252	_	2252	210			n second month	420.00	
Fee Fee Fee Fee Fee Paid	1253			475		for reply withi		$\vdash$	
Code (5) Cade (5)	1254		2254	740			n fourth month	<b>  </b>	
1001 770 2001 385 Utility filing fee	1255		2255			Extension for reply within fifth month			
1002 340 2002 170 Design filling fee	1401	330	2401	165	Notice of Appeal Filing a brief in support of an appeal			<del></del>	
1003 530 2003 265 Plant filing fee	1402		2402	165 145	-	• • •	* *	$\vdash$	
1004 770 2004 385 Reissue fifing fee	1451		1451			or oral hearing	ofic use proceeding	$\vdash$	
1005 160 2005 80 Provisional ming law	1452		2452	55		revive – unav		$\vdash \vdash \vdash$	
SUBTOTAL (1) (\$) 0.00	1453		2453	665		revive - unint			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501		2501	665	Utility issu	e fee (or relss			
Extra Fee from Ctaims below Fee Paid	1502	480	2502	240	Design iss	ius fee			
Total Claims 18 -33** = 0 x 18 ≃ 0	1503	640	2503	320	Plant issu	e fee			
Independent 3 -6** = 0 x 66 = 0	1460	130	1460	130	Petitions t	o the Commis	sloner	L	
Multiple Dependent 290 = 0	1807	50	1807	50	Processin	g fee under 37	7 CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806	180	Submissio	on of Informatio	on Disctosure Strnt		
Fee Fee Fee Fee Fee Description	8021	40	8021	40			essignment per		
Code (\$)   Code (\$)	1809	770	2809	385	Filing a su		or properties) r final rejection		
1201 85 2201 43 Independent claims in excess of 3	1810		2810	385		additional inve		<del> </del>	
1203 290 2203 145 Multiple dependent clalm, if not paid 1204 86 2204 43 "Relssue independent claims	1801		2801			(37CFR 1.129 or Continued E	9(b)) Examination (RCE)	770.00	
. over original patent	1802		1802	900	Request f	or expedited e		., 5.55	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		fee (spe	ì		of a desig	n application		<del></del>	
SUBTOTAL (2) (5) 0.00		• •	••	ing Fee	Pald	SUBTO	TAL (3) (\$)	1,190.00	
\$UBTOTAL (2) (5) 0.00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (5) 1,190.00 *Or number previously paid, if greater, For Reissues, see above									
SUBMITTED BY (Complete (# applicable))									
Name (Print/Type) Lisa A. Amii	Regis (Attorn	tration No ey/Agent	48	,199		1	(650) 813-5600		
Signature de m	( m				Date	October 31, 200	)3		
//84 ///							<u> </u>		